

74  
5-2401

USE OF THIS TABLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TH	2/3 953	2/26/01 05-22-d
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

- ✓ ..... Rejected      N ..... Non-elected
- = ..... Allowed      I ..... Interference
- (Through numeral) ... Canceled      A ..... Appeal
- ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here  
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5-23 01